SERFF Tracking #: AETN-128819856 State Tracking #: Company Tracking #: DC-2013-03-DENTAL

Filing Company:

Aetna Life Insurance Company

State: District of Columbia TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

Product Name: Individual Dental

Project Name/Number:

# **Supporting Document Schedules**

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:			
Attachment(s):			
01 DC Dental Cover lette	r 03-01-2013.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
02 DC Actuarial Memora	andum_Dental 03-01-2013.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Actuarial Justification		
Bypass Reason: Please see the attached actuarial memorandum for the requested certification.			
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:

SERFF Tracking #: AETN-128819856 State Tracking #: Company Tracking #: DC-2013-03-DENTAL

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Product Name: Individual Dental

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Bypassed - Item: Rate Summary Worksheet

Bypass Reason: Not Applicable



Enrico Rizzo Individual Products, RS2A Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156 Phone: 860-273-4987

Fax: 860-902-8517

December 19, 2012

Mr. Efren Tanhehco Government of the District of Columbia Department of Insurance, Securities, and Banking Actuarial Analysis Division 810 First Street NE, Suite 701 Washington, DC 20002

Re: Aetna Life Insurance Company, NAIC No. 00160054

Filing #DC-2013-03-Dental

Form GR-11826 (05/07) – Dental Expense Insurance

For Residents of District of Columbia

Dear Mr. Tanhehco:

We enclose, for your Department's approval, a rate filing for the above referenced forms.

The above-referenced forms provide Dental Expense Insurance coverage for residents of the District of Columbia. The rate filing requests approval for the proposed monthly premium rate for these policies, as well as approval of a premium rate structure applicable to the Dental Expense policies to be issued to residents of the District of Columbia in conjunction with our offering of Medical Benefit Expense Policies discussed in SERFF filing numbers AETN-128749633. The proposed rates apply to new business only, with original effective dates of March 1, 2013, and later.

This submission includes the following:

• Actuarial Memorandum

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this filing, please do not hesitate to contact me at the address or telephone number shown above.

Very truly yours,

Enrico Rizzo

Individual Markets Actuarial

Encl: a/s

## AETNA LIFE INSURANCE COMPANY

# Actuarial Memorandum Filing # DC-2013-03-Dental Individual Policy Form GR-11826 (05/07), et al. (Dental Expense PPO Policy)

## Purpose, Scope and Effective Date

The purpose of this filing is to request approval of the monthly premium rates and the premium rate structure for the Individual Advantage Dental benefit plans issued by Aetna Life Insurance Company to residents of the District of Columbia.

This product is offered in conjunction with the Individual Comprehensive Medical Benefit Expense Policies discussed in SERFF filing AETN-128749633 applicable to policy form number GR-11741, et al, offered to residents of the District of Columbia.

Upon approval from the District of Columbia, the rates contained in this filing will become effective March 1, 2013. In the event of a delay, the rates contained in this filing will be made effective at the earliest possible effective date following March 1, 2013.

# **Applicability**

These policy forms are intended for new business contracts. The forms filing will be submitted via a separate SERFF filing.

## Monthly Premium Rates and Rating for Multi-Person Contracts

The currently filed monthly premium rate for the dental product issued through the Aetna Insurance Trust filed in Delaware for Single certificates is \$14.00. This filing proposes no changes to this rate for contracts issued through a direct filing arrangement in the District of Columbia. It will be maintained as the individual level rate applicable to contracts issued under the rate structure discussed in this filing.

Premium rates for Couple, Parent/Child(ren), and Family contracts are determined by the sum of the individual level rate for each member enrolled on the contract.

#### Experience

The following table presents estimated experience for the period January 1, 2009 through June 30, 2012, and paid through August 31, 2012. This experience is for the similar dental product issued to residents of the District of Columbia through the Aetna Insurance Trust filed in Delaware, in conjunction with the certificates of Comprehensive and Limited Medical Expense Benefits also issued to those residents. Note that due to our system constraints, we are unable to separately identify the premium for this coverage, and so premium and claims for this product are included with the experience used to determine the rates for the base medical plans. In the event that a rate change is deemed necessary for the dental coverage, we will consider the estimated experience associated with this block of business, as well as our Large and Small Group experience for similar dental products in the District of Columbia and nationwide to assist in determining the magnitude of rate level adjustments for this product.

	Member	Earned	Incurred	Incurred
Experience Period	Months	Premium	Claims	Loss Ratio
01/01/2009 through 12/31/2009	9,669	\$134,568	\$62,632	46.5%
01/01/2010 through 12/31/2010	11,387	\$158,590	\$78,141	49.3%
01/01/2011 through 12/31/2011	13,063	\$181,594	\$95,573	52.6%
01/01/2012 through 06/30/2012	7,713	\$107,196	\$58,373	54.5%

# **History of Rate Adjustments**

The monthly premium rate for this Dental Benefit Expense policy as issued through the Aetna Insurance Trust has not been changed since April 2006, for residents of the District of Columbia. This filing does not propose a rate change for this product.

## Rate Guarantee

Rates are not guaranteed and may change at any time except as required by state regulations. Policies are guaranteed renewable.

Examples of Premium Developmen	Examples	of Premium	Develo	pment
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Example 1: Couple.

\$14 (Individual level rate)

+ \$14 (Individual level rate)

\$28 (Contract level rate)

\$28 (Contract level rate)

Example 2: Family of 3.

\$14 (Individual level rate)

- + \$14 (Individual level rate)
- + \$14 (Individual level rate)

.....

\$42 (Contract level rate)

# **Proposed Effective Date**

The proposed effective date is March 1, 2013.

## Certification

I, Bruce T. Campbell, am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of the State of Delaware and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference, and that the benefits provided are reasonable in relation to the proposed premiums.

Bruce T. Campbell, FSA, MAAA Aetna Life Insurance Company

Bucer Cambell

12/19/2012

Date